

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE CONDITION OF

**Order for Hearing on
Medication or Treatment**

Name of Subject

Case No. _____

Date of Birth

The physician's report for medication or treatment and request for hearing has been filed.

IT IS ORDERED a hearing shall be held:

Date	Time	Location (Include Room No.)
Court Official		

☐ 1. The subject shall appear.

☐ 2. Transportation of the subject to and from the court and the treatment facility shall be provided by:

☐ The sheriff. ☐ Other: _____

Name of treatment facility: _____

**If you have a disability and need help in court,
please call:**

BY THE COURT:

Distribution:

1. Court - Original
2. Subject
3. Subject's counsel
4. Corporation counsel
5. Treatment providers
6. Other interested persons

Circuit Court Judge/Circuit Court Commissioner

Name Printed or Typed

Date